DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: COUNTRY TERRACE SEYMOUR (0010192)

Address: 621 W FACTORY ST, SEYMOUR, WI 54165

License Status: REGULAR

Licensed/Certified/Registered 10/03/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095602 End Date: 09/13/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007194 Served 09/29/2005

Deficiencies Cited Subject Area Subject Area Verified

83.33(2)(d) COMMUNITY ACTIVITIES

83.33(3)(f)2 REASSESSED QUARTERLY FOR MEDICATION

Survey ID: 0092714 End Date: 06/09/2004 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091183 End Date: 10/03/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 11/07/2005 SOD #10007194 Appealed: Yes Decision: WITHDRAWN**DO NOT USE

Sanctions

SUBMIT POC (SOD APPEAL ONLY)